ARIZONA DEPARTMENT OF HEALTH SERVICES
HOSPITAL DISCHARGE DATA REPORTS
REQUIRED DATA ITEMS AND FORMAT SPECIFICATIONS FOR REPORTING DISCHARGES IN CALENDAR YEAR 2006

OBTAIN REQUIRED SUBMISSION FORMS ON OUR WEBSITE AT: www.azdhs.gov/plan/crr/index.htm

Hospital Discharge Data File Types: Hospital Inpatient (IP), Hospital Emergency Department (ED)
NOTE: EACH FILE TYPE MUST BE SUBMITTED AS A SEPARATE FILE - SEE FILE NAMING CONVENTION AT THE END OF THIS DATA SPECIFICATION DOCUMENT
UPDATED TEXT OR ELEMENTS ARE INDICATED IN RED
Fixed Length Record of 860 characters FOR ALL FILE TYPES
FORMAT: ASCII TEXT - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE.
Data Reporting Requirements Pursuant to Arizona Revised Statues (A.R.S.) § 36-125.05 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 11, Articles 3 & 4
Medium: Compact Disk (CD) or Diskette

Number of Characters	Start	End	Required For File Type	Data Element Name	Uniform Billing Locator Number	CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE	EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED
10	1	10	IP-ED	Arizona Facility Identification Number - AZ FAC_ID	n/a	Alpha-Numeric	Must be filled in for all File Types. Right justified with leading zeros. All AZ FAC_ID numbers begin with the alpha characters MED (ALL CAPS) followed by a four-digit number, with no spaces or dashes. [Example: MED1234] All Arizona hospital AZ FAC_ID's are available on website: www.hs.state.az.us/plan/crr/index.htm
17	11	27	IP-ED	Patient's Medical Record Number	23	Alpha-Numeric	Must be filled in for all File Types. Right justified with leading zeros.
19	28	46	IP-ED	Certificate, Social Security Number or Health Insurance Claim Number	60	Alpha-Numeric	Must be filled in for all File Types. Right justified with leading zeros.
1	47	47	IP Only	Patient's Race	n/a	Race 1 = American Indian or Alaska Native 2 = Asian 3 = Black or African American 4 = Hispanic or Latino 5 = White 6 = Native Hawaiian or Other Pacific Islander 7 = Other (Use if patient not described above.) 9 = Refused	Must be entered for File Type IP. Leave Blank for File Type ED. All Race codes match the US Census Bureau revised standards for Race and Ethnic reporting effective January 1, 2003
1	48	48	IP Only	Patient's Marital Status	16	Marital Status S = Single M = Married P = Life Partner	Must be entered for File Type IP. Leave Blank for File Type ED.

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						X = Legally Separated	
						D = Divorced	
						W = Widowed	
						U = Unknown	
30	49	78	IP-ED	Patient's Street Address	13	Alpha-Numeric	Must be filled in for all File Types.
20	79	98	IP-ED	Patient's City	13	Alpha-Numeric	Must be filled in for all File Types.
2	99	100	IP-ED	Patient's State	13	Alpha-Numeric	Must be filled in for all File Types. Use US Postal Service state abbreviations. Must be upper case. If a foreign resident, leave this field blank and fill in name of the country in Patient's Zip Code field below according to the Edit Requirements.
10	101	110	IP-ED	Patient's Zip Code	13	Alpha-Numeric	Must be filled in for all File Types. Use US Postal Zip Code for the patient's residence at the time of admission or encounter. If Zip plus four is used indicate as XXXXX-YYYY. Use 00000 for unknown zip codes. If a foreign resident, fill in with the first 5 letters of the name of the country, for example Mexico = MEXIC; Canada = CANAD; England = ENGLA; and leave the rest of the field blank. Do not enter Canadan Postal Codes. See our website for list of country codes. www.azdhs.gov/plan/crr/index.htm
8	111	118	IP-ED	Patient's Date of Birth	14	Enter month, day and year, without dashes. MMDDYYYY	Must be filled in for all File Types. All digits must be filled in (no dashes).
1	119	119	IP-ED	Patient's Sex	15	Patient's Sex	Must be entered for all File Types.
						M= Male	
						F= Female	
						U = Unknown	
8	120	127	IP-ED	Date of Admission	6	Enter month, day and year of the patient's admission to the hospital without dashes. MMDDYYYY	Must be filled in for all File Types. All digits must be filled in (no dashes).
8	128	135	IP-ED	Date of Discharge	6	Enter month, day and year of the patient's discharge from the hospital without dashes. MMDDYYYY	Must be filled in for all File Types. All digits must be filled in (no dashes).
2	136	137	IP Only	Hour of Admission	18	Time Codes for Hour of Admission	Must be entered for File Type IP. Both digits Must be filled in. Leave Blank for File Type ED.
						00 = 12:00 - 12:59 AM (Midnight)	
						01 = 01:00 - 01:59	
						02 = 02:00 - 02:59	
						03 = 03:00 - 03:59	
						04 = 04:00 - 04:59	
						05 = 05:00 - 05:59	

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						06 = 06:00 - 06:59	
						07 = 07:00 - 07:59	
						08 = 08:00 - 08:59	
						09 = 09:00 - 09:59	
						10 = 10:00 - 10:59	
						11 = 11:00 - 11:59	
						12 = 12:00 - 12:59 PM (Noon)	
						13 = 01:00 - 01:59	
						14 = 02:00 - 02:59	
						15 = 03:00 - 03:59	
						16 = 04:00 - 04:59	
						17 = 05:00 - 05:59	
						18 = 06:00 - 06:59	
						19 = 07:00 - 07:59	
						20 = 08:00 - 08:59	
						21 = 09:00 - 09:59	
						22 = 10:00 - 10:59	
						23 = 11:00 - 11:59	
						99 = Hour Unknown	
2	138	139	IP Only	Hour of Discharge	21	See Time Codes above.	Must be entered for File Type IP. Both digits Must be filled in. Leave Blank for File Type ED.
6	140	145	IP Only	Date Bill Submitted	86	The month, day, and year the bill was submitted to the patient without dashes. MMDDYY (NOTE: This date field has only six characters)	Must be entered for File Type IP All digits must be filled in (no dashes). Leave Blank for File Type+H94 ED.
2	146	147	IP-ED	Patient's Discharge Status	22	The circumstances under which the patient left the hospital: 01 = Discharged to home or self care (routine discharge) 02 = Discharged/transferred to another short term general hospital for inpatient care (See code 43) 03 = Discharged/transferred to skilled nursing (SNF). 04 = Discharged/transferred to an intermediate care facility (ICF). 05 = Discharged/transferred to another type of institution for inpatient care	Must be entered for all File Types. All codes match the Medicare Patient Discharge Status Codes and follow all Medicare definitions of terms. NOTE: this is not intended to be a complete list of valid Medicare discharge status codes. This list represents only those codes that are valid for the purpose of data reporting. Emergency Department records with Discharge Status 07 that have zero charges should NOT be reported.

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						06 = Discharged/transferred to home under care of organized home health service org.	
						07 = Left against medical advice or patient discontinued care ** See Edit Requirements above.	
						08 = Discharged/transferred to home under care of a Home IV drug therapy provider.	
						20 = Expired (or did not recover - Christian Science patient)	
						43 = Discharged to a federal hospital (New code effective October 1, 2003)	
						50 = Discharged home with hospice	
						51 = Discharged or transferred to hospice - medical facility	
						61 = Discharged or transferred within this institution to a hospital-based swing bed (skilled care)	
						62 = Discharged or transferred to an inpatient rehabilitation facility	
						63 = Discharged or transferred to a long term care hospital	
						65 = Discharged or transferred to a psychiatric hospital or psychiatric unit of a hospital (New code: per CMS, effective date postponed until 2005.)	
3	148	150	IP-ED	DRG Code	78	The condition established after study as being chiefly responsible for the admission of a patient to the hospital for care.	Must be entered for all File Types. Right justified with leading zeros. Leave Blank if you do not calculate a DRG for File Type OP or ED.
7	151	157	IP-ED	Total Charges	47	The total gross charges incurred by the patient for this visit or hospital stay.	Must be filled in for all File Types. Right justified with leading zeros. Note: Whole dollars only, rounded, no commas. NOTE: For File Type IP, MUST BE WITHIN $50 OF THE SUM OF THE CHARGES IN THE REVENUE CODES.
2	158	159	IP-ED	Payor Code	50a	The Primary Payor, the expected source of payment for the majority of the charges associated with this visit or hospital stay.	Must be filled in for all File Types. Right justified with leading zeros.
						00 = Self pay	
						01 = Commercial (Indemnity)	

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						02 = HMO	
						03 = PPO	
						04 = AHCCCS Health Care Group	
						05 = Medicare	
						06 = AHCCCS/Medicaid	
						07 = CHAMPUS/MEDEXCEL	
						08 = Children's Rehab Services	
						09 = Workers Compensation	
						10 = Indian Health Services	
						11 = Medicare Risk	
						12 = Charity	
						13 = Foreign National	
						14 = Other	
						15 = Tobacco Tax	
				Revenue Codes	42	For each Revenue Code Category, enter the charges incurred by the patient for this inpatient hospital stay.	
6	160	165	IP Only	All Inclusive Rate	10X		**Edit Requirements for Revenue Codes**: Must be entered for File Type IP. Right justified with leading zeros. Fill with zeros if item does not apply. Leave Blank for File Type ED.
6	166	171	IP Only	Room and board - private	11X		See Edit Requirements for Revenue Codes Above.
6	172	177	IP Only	Room and board - two bed	12X		See Edit Requirements for Revenue Codes Above.
6	178	183	IP Only	Room and board - 3/4 bed	13X		See Edit Requirements for Revenue Codes Above.
6	184	189	IP Only	Private (deluxe)	14X		See Edit Requirements for Revenue Codes Above.
6	190	195	IP Only	Room and board - ward	15X		See Edit Requirements for Revenue Codes Above.
6	196	201	IP Only	Other room and board	16X		See Edit Requirements for Revenue Codes Above.
6	202	207	IP Only	Nursery	17X		See Edit Requirements for Revenue Codes Above.
6	208	213	IP Only	Leave of Absence	18X		See Edit Requirements for Revenue Codes Above.
6	214	219	IP Only	Intensive Care	20X		See Edit Requirements for Revenue Codes Above.
6	220	225	IP Only	Coronary Care	21X		See Edit Requirements for Revenue Codes Above.
6	226	231	IP Only	Special charges	22X		See Edit Requirements for Revenue Codes Above.
6	232	237	IP Only	Incremental charges	23X		See Edit Requirements for Revenue Codes Above.
6	238	243	IP Only	All Inclusive ancillary	24X		See Edit Requirements for Revenue Codes Above.
6	244	249	IP Only	Pharmacy	25X		See Edit Requirements for Revenue Codes Above.

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6	250	255	IP Only	IV Therapy	26X		See Edit Requirements for Revenue Codes Above.
6	256	261	IP Only	Medical/Surgical supplies	27X		See Edit Requirements for Revenue Codes Above.
6	262	267	IP Only	Oncology	28X		See Edit Requirements for Revenue Codes Above.
6	268	273	IP Only	DME (other than renal)	29X		See Edit Requirements for Revenue Codes Above.
6	274	279	IP Only	Laboratory	30X		See Edit Requirements for Revenue Codes Above.
6	280	285	IP Only	Laboratory pathology	31X		See Edit Requirements for Revenue Codes Above.
6	286	291	IP Only	Radiology - diagnostic	32X		See Edit Requirements for Revenue Codes Above.
6	292	297	IP Only	Radiology - therapeutic	33X		See Edit Requirements for Revenue Codes Above.
6	298	303	IP Only	Nuclear Medicine	34X		See Edit Requirements for Revenue Codes Above.
6	304	309	IP Only	CT scan	35X		See Edit Requirements for Revenue Codes Above.
6	310	315	IP Only	Operating room	36X		See Edit Requirements for Revenue Codes Above.
6	316	321	IP Only	Anesthesia	37X		See Edit Requirements for Revenue Codes Above.
6	322	327	IP Only	Blood	38X		See Edit Requirements for Revenue Codes Above.
6	328	333	IP Only	Blood storage/processing	39X		See Edit Requirements for Revenue Codes Above.
6	334	339	IP Only	Other imaging	40X		See Edit Requirements for Revenue Codes Above.
6	340	345	IP Only	Respiratory services	41X		See Edit Requirements for Revenue Codes Above.
6	346	351	IP Only	Physical therapy	42X		See Edit Requirements for Revenue Codes Above.
6	352	357	IP Only	Occupational therapy	43X		See Edit Requirements for Revenue Codes Above.
6	358	363	IP Only	Speech therapy	44X		See Edit Requirements for Revenue Codes Above.
6	364	369	IP Only	Emergency room	45X		See Edit Requirements for Revenue Codes Above.
6	370	375	IP Only	Pulmonary function	46X		See Edit Requirements for Revenue Codes Above.
6	376	381	IP Only	Audiology	47X		See Edit Requirements for Revenue Codes Above.
6	382	387	IP Only	Cardiology	48X		See Edit Requirements for Revenue Codes Above.
6	388	393	IP Only	Special Ambulatory Care	49X		See Edit Requirements for Revenue Codes Above.
6	394	399	IP Only	Outpatient Services	50X		See Edit Requirements for Revenue Codes Above.
6	400	405	IP Only	Clinic	51X		See Edit Requirements for Revenue Codes Above.
6	406	411	IP Only	Free-Standing Clinic	52X		See Edit Requirements for Revenue Codes Above.
6	412	417	IP Only	Osteopathic services	53X		See Edit Requirements for Revenue Codes Above.
6	418	423	IP Only	Ambulance	54X		See Edit Requirements for Revenue Codes Above.
6	424	429	IP Only	Skilled Nursing	55X		See Edit Requirements for Revenue Codes Above.
6	430	435	IP Only	Medical social services	56X		See Edit Requirements for Revenue Codes Above.
6	436	441	IP Only	Home health aide (home health)	57X		See Edit Requirements for Revenue Codes Above.

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6	442	447	IP Only	Other visits (home health)	58X		See Edit Requirements for Revenue Codes Above.
6	448	453	IP Only	Units of service (home health)	59X		See Edit Requirements for Revenue Codes Above.
6	454	459	IP Only	Oxygen (home health)	60X		See Edit Requirements for Revenue Codes Above.
6	460	465	IP Only	MRI	61X		See Edit Requirements for Revenue Codes Above.
6	466	471	IP Only	Med/Surg (Ext. of 27X)	62X		See Edit Requirements for Revenue Codes Above.
6	472	477	IP Only	Drugs req. specific id	63X		See Edit Requirements for Revenue Codes Above.
6	478	483	IP Only	Home therapy services	64X		See Edit Requirements for Revenue Codes Above.
6	484	489	IP Only	Hospice service	65X		See Edit Requirements for Revenue Codes Above.
6	490	495	IP Only	Respite care (HHA Only)	66X		See Edit Requirements for Revenue Codes Above.
6	496	501	IP Only	Cast room,	70X		See Edit Requirements for Revenue Codes Above.
6	502	507	IP Only	Recovery room	71X		See Edit Requirements for Revenue Codes Above.
6	508	513	IP Only	Labor/Delivery	72X		See Edit Requirements for Revenue Codes Above.
6	514	519	IP Only	EKG/ECG	73X		See Edit Requirements for Revenue Codes Above.
6	520	525	IP Only	EEG	74X		See Edit Requirements for Revenue Codes Above.
6	526	531	IP Only	Gastro-Intestinal services	75X		See Edit Requirements for Revenue Codes Above.
6	532	537	IP Only	Treatment/observation room	76X		See Edit Requirements for Revenue Codes Above.
6	538	543	IP Only	Preventative care services	77X		See Edit Requirements for Revenue Codes Above.
6	544	549	IP Only	Lithotripsy	79X		See Edit Requirements for Revenue Codes Above.
6	550	555	IP Only	Inpatient renal dialysis	80X		See Edit Requirements for Revenue Codes Above.
6	556	561	IP Only	Organ acquisition	81X		See Edit Requirements for Revenue Codes Above.
6	562	567	IP Only	Haematolysis - outpatient or home	82X		See Edit Requirements for Revenue Codes Above.
6	568	573	IP Only	Peritoneal dialysis - outpatient or home	83X		See Edit Requirements for Revenue Codes Above.
6	574	579	IP Only	Continuous ambulatory peritoneal dialysis (CAPD) - outpatient or home	84X		See Edit Requirements for Revenue Codes Above.
6	580	585	IP Only	Continuous cycling peritoneal dialysis (CCPD) - outpatient or home	85X		See Edit Requirements for Revenue Codes Above.
6	586	591	IP Only	Miscellaneous dialysis	88X		See Edit Requirements for Revenue Codes Above.

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6	592	597	IP Only	Psychiatric treatment	90X		See Edit Requirements for Revenue Codes Above.
6	598	603	IP Only	Psychiatric services	91X		See Edit Requirements for Revenue Codes Above.
6	604	609	IP Only	Other diagnostic services	92X		See Edit Requirements for Revenue Codes Above.
6	610	615	IP Only	Other therapeutic services	94X		See Edit Requirements for Revenue Codes Above.
6	616	621	IP Only	Professional fees (96X)	96X		See Edit Requirements for Revenue Codes Above.
6	622	627	IP Only	Professional fees (97X)	97X		See Edit Requirements for Revenue Codes Above.
6	628	633	IP Only	Professional fees (98X)	98X		See Edit Requirements for Revenue Codes Above.
6	634	639	IP Only	Patient convenience items	99X		See Edit Requirements for Revenue Codes Above.
6	640	645	IP Only	All other charges	--		See Edit Requirements for Revenue Codes Above.
22	646	667	IP Only	Attending Physician Name	82	Attending physician's name. Last name one space first name one space and middle initial. Hyphenated names are acceptable.	Left justified. No commas or other punctuation. Must be entered for File Type IP. Leave Blank for File Type ED.
6	668	673	IP Only	Attending Physician State License Number	82	Attending physician's Arizona License Number	Must be entered for File Type IP. All digits Must be filled in. Right justified with leading zeros. If license number contains alpha characters, report numeric portion only. Leave Blank for File Type ED.
1	674	674	IP Only	State Licensing Board	n/a	State Licensing Board Codes: 1 = Medical Examiners 2 = Dental Examiners 3 = Podiatry Examiners 4 = Osteopathic Examiners 5 = Nursing 9 = Other	Must be filled in for File Type IP. Leave Blank for File Type ED.
22	675	696	IP Only	Operating or Other Physician Name	83	Primary procedure physician's OR other practitioner's name. Last name one space first name one space and middle initial. Hyphenated names are acceptable.	Must be filled in for File Type IP if a Procedure was done. No commas or other punctuation. Left justified. Leave Blank if no Procedure was done. Leave Blank for File Type ED.

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6	697	702	IP Only	Operating or Other Physician State License Number	83	Physician OR other practitioner's Arizona License Number who performed the primary procedure.	Must be entered for File Type IP _if a Procedure was done_. All digits must be filled in. Right justified with leading zeros. If individual is a nurse, use the RN license number, not the advanced practice number. If license number contains alpha characters, report numeric portion only. Leave Blank if no Procedure was done. Leave Blank for File Type ED.
1	703	703	IP Only	State Licensing Board	n/a	State Licensing Board Codes: 1 = Medical Examiners 2 = Dental Examiners 3 = Podiatry Examiners 4 = Osteopathic Examiners 5 = Nursing 9 = Other	Must be entered for File Type IP _if a Procedure was done._ Leave Blank if no Procedure was done. Leave Blank for File Type ED.
1	704	704	IP Only	Type of Admission	19	Indicates the priority (type) of admission: 1 = Emergency 2 = Urgent 3 = Elective 4 = Newborn ** 5 = Observation 9 = Information not available	Must be filled in for File Type IP. If 4 (Newborn), see SOURCE OF ADMISSION below. Leave Blank for File Type ED. ** NOTE: "newborn" is defined as "a baby born within the facility or the initial admission of an infant to any acute care facility within 24 hours of birth."
1	705	705	IP Only	Source of Admission	20	Indicates the source of admission - adults and pediatrics: 1 = Physician referral 2 = Clinic referral 3 = HMO/AHCCCS health plan referral 4 = Transfer from a hospital 5 = Transfer from SNF. 6 = Transfer from another health care facility (other than acute care or SNF) 7 = Emergency room 8 = Court/Law Enforcement 9 = Information not available **NOTE:** IF TYPE OF ADMISSION = Newborn (4), use: 1 = Normal Delivery 2 = Premature Delivery 3 = Sick baby	Must be entered for File Type IP. Leave Blank for File Type ED.

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						4 = Extramural birth	
						9 = Information not available	
6	706	711	IP-ED	Principal Diagnosis Code	67	Enter the ICD-9-CM code describing the condition chiefly responsible for causing this encounter.	Must be filled in for all File Types. Include letter V code if applicable. DO NOT place E-Codes in this field. EXCLUDE DECIMAL POINTS. (Note: IF Principle Diagnosis Code is 800.0 through 999.9, see EXTERNAL CAUSE OF INJURY below.)
6	712	717	IP-ED	Second Diagnosis Code	68	Enter the ICD-9-CM code describing additional conditions.	Leave blank if not applicable. Otherwise, must be filled in for all File Types. Include letter V code if applicable. DO NOT place E-Codes in this field. EXCLUDE DECIMAL POINTS.
6	718	723	IP-ED	Third Diagnosis Code	69	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	724	729	IP-ED	Fourth Diagnosis Code	70	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	730	735	IP-ED	Fifth Diagnosis Code	71	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	736	741	IP-ED	Sixth Diagnosis Code	72	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	742	747	IP-ED	Seventh Diagnosis Code	73	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	748	753	IP-ED	Eighth Diagnosis Code	74	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	754	759	IP-ED	Ninth Diagnosis Code	75	Same as the Second diagnosis code.	Same as the instructions for the second diagnosis code.
6	760	765	IP-ED	External Cause of injury	77	Enter the ICD-9-CM E-Code describing the external cause of injury.	IF the PRINCIPLE DIAGNOSIS CODE (above) equals 800.0 through 995.89 or 996 through 999.9, THEN an E-Code should be entered in this EXTERNAL CAUSE OF INJURY Field. The External Cause of Injury E-Code ranges are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. When there are multiple E-Codes in the record, the E-Code associated with the PRINCIPLE DIAGNOSIS CODE should be entered here. NOTE: An E-Code is to be reported only for the first hospitalization or visit during which the injury, poisoning and/or adverse effect was diagnosed or treated. SEE ALSO: The ADDITIONAL EXTERNAL CAUSE OF INJURY 1, 2 and 3 Fields below.
6	766	771	IP-ED	Place of Injury	n/a	Enter the ICD-9-CM E-Code describing the Place where the Injury or Poisoning occurred.	For Place of Injury Code Only. The Place of Injury Code Range is E849.0 through E849.9. Must be entered for all File Types. Include the letter E. EXCLUDE DECIMAL POINTS. Leave blank if no EXTERNAL CAUSE OF INJURY.
8	772	779	IP-ED	Principal Procedure Date	80	Enter the month, day and year of the patient's Principal Procedure without dashes. MMDDYYYY	If Procedure was done for this patient, must be entered for all File Types. All digits must be filled in (no dashes). If no Procedure was done, leave blank, do not zero fill.

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5	780	784	IP-OP-ED (Note: See Codes and Values)	Principal Procedure Code	80	Enter the ICD-9-CM code that identifies the principal procedure performed. **NOTE:** For File Types OP and ED only**,** IF the ICD-9-CM code is NOT available, THEN enter the CPT4 Code or HCPCS Code.	If Procedure was done for this patient, must be entered for all File Types. Leave blank if not applicable. EXCLUDE DECIMAL POINTS.
5	785	789	IP-OP-ED (Note: See Codes and Values)	Second Procedure Code	81A	Enter the ICD-9-CM code that identifies the principal procedure performed. **NOTE:** For File Types OP and ED only, IF the ICD-9-CM code is NOT available, THEN enter the CPT4 Code or HCPCS Code.	Leave blank if not applicable. Otherwise, must be entered for all File Types. EXCLUDE DECIMAL POINTS.
5	790	794	IP-ED	Third Procedure Code	81B	Same as Second procedure code.	Same as instructions for the Second procedure code.
5	795	799	IP-ED	Fourth Procedure Code	81C	Same as Second procedure code.	Same as instructions for the Second procedure code.
5	800	804	IP-ED	Fifth Procedure Code	81D	Same as Second procedure code.	Same as instructions for the Second procedure code.
5	805	809	IP-ED	Sixth Procedure Code	81E	Same as Second procedure code.	Same as instructions for the Second procedure code.
4	810	813	IP Only	Newborn Birth Weight	n/a	Birth weight in grams.	Must be entered for all newborns. See TYPE OF ADMISSION and SOURCE OF ADMISSION fields above. Right justify and leave unused spaces blank. Leave Blank for File Type ED.
1	814	814	IP Only	Do Not Resuscitate Flag	n/a	1 = yes 2 = no 9 = not recorded	Must be entered for File Type IP. Leave Blank for File Type ED.
30	815	844	IP Only	Patient Name	12	Last name one space first name one space and middle initial. Hyphenated names are acceptable.	Must be entered for File Type IP. No commas or other punctuation. Leave Blank for File Type ED.
5	845	849	*Optional for File Types IP-ED	Additional External Cause Of Injury 1	n/a	Alpha-numeric	IF there is an E-code in the patient record that WAS NOT placed in the External Cause of Injury field above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. Fill with blanks if not used.
5	850	854	*Optional for File Types IP-ED	Additional External Cause Of Injury 2	n/a	Alpha-numeric	IF there is an E-code in the patient record that WAS NOT placed in the External Cause of Injury, or the Additional Cause of Injury 1 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. Fill with blanks if not used.

Number of Characters	Start	End	Required For File Type	Data Element Name	Uniform Billing Locator Number	CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE	EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED
5	855	859	*Optional for File Types IP-ED	Additional External Cause Of Injury 3	n/a	Alpha-numeric	IF there is an E-code in the patient record that WAS NOT placed in the External Cause of Injury, Additional Cause of Injury 1, or Additional Cause of Injury 2 Fields above, IT MAY be entered here. The E-Code ranges for this field are E800.0 through E848.9, and E850.0 through E999.9. Include the letter E. EXCLUDE DECIMAL POINTS. Fill with blanks if not used.
1	860	860	IP-ED	Type of Record	n/a	1 = Hospital Inpatient 3 = Hospital Emergency Department	Must be entered for all File Types.

Number of Characters	Start	End	Required For File Type	Data Element Name	Uniform Billing Locator Number	CODES AND VALUES - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE	EDIT REQUIREMENTS - LEFT JUSTIFY AND LEAVE UNUSED SPACES BLANK UNLESS OTHERWISE INDICATED

ARIZONA HOSPITAL DISCHARGE DATA SUBMISSION FILE NAMING CONVENTION: [Facility ID]_[File Type]_[Reporting Period]
EXAMPLE: MED1234_IP_2004-01
This example tells us that the submission file is from Facility MED1234 and that it is an Inpatient File for the First Half (Jan-June) of 2004
The list of Facility ID's for each Arizona Hospital is available on our website listed below.

Hospital Discharge Data File Types: Hospital Inpatient (IP), Hospital Emergency Department (ED)
NOTE: EACH FILE TYPE MUST BE SUBMITTED AS A SEPARATE FILE - SEE FILE NAMING CONVENTION ABOVE
Fixed Length Record of 860 characters FOR ALL FILE TYPES
FORMAT: ASCII TEXT - ALL ALPHA CHARACTERS MUST BE IN UPPERCASE.
Data Reporting Requirements Pursuant to Arizona Revised Statues (A.R.S.) § 36-125.05 and Arizona Administrative Code (A.A.C.) Title 9, Chapter 11, Articles 3 & 4
Medium: Compact Disk (CD) or Diskette
Check website for Updates at: www.azdhs.gov/plan/crr/index.htm